

SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Please submit to: Specialized Programs, 4554 NE 41 St. Seattle, WA 98105

June 24, 2018 – June 22, 2019

Applicant Information			
Adult Name or Parent/Guardian:			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Neutral
<i>Last</i>	<i>First</i>	<i>Birth Date</i>	
Address:			
<i>Street Address</i>		<i>Apartment/Unit</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Contact Info.:			
() <i>Phone</i>		<i>Email</i>	

Specialized Program Request					
Youth General Scholarship <input type="checkbox"/>			Adult General Scholarship <input type="checkbox"/>		
Youth Summer Day Camp		Youth Summer Overnight Camp		Adult Summer Overnight Camp	
Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>
Week 2: <input type="checkbox"/>		Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>	Week 2: <input type="checkbox"/>	

Participant Information			
Name:		Birthdate:	
Age:		Gender:	
<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior Adult (50+)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Neutral	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Am./Alaskan Native <input type="checkbox"/> Native Hawaiian/PI.			
Please describe who or where the participant lives: <input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other Family <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Family <input type="checkbox"/> Other (specify) _____			
Address: <i>(if different than applicant)</i>		City:	State:
Email:		Primary Phone	Secondary Phone

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents			
Total Family Income: \$		<input type="checkbox"/> Yearly Income or <input type="checkbox"/> Monthly Income	
<input type="checkbox"/> 1040 income tax form (most recent)	<input type="checkbox"/> Proof of Disability Pay (SSI)	Number of people in household: <input type="checkbox"/> Gross paycheck stubs before taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)	
<input type="checkbox"/> Proof of Social Security Benefits (SSA or SSA-1099)	<input type="checkbox"/> Unemployment statement	<input type="checkbox"/> City of Seattle Utility Discount program qualification (50% scholarship only, provide bill statement)	
<input type="checkbox"/> Current TANF/ Welfare	<input type="checkbox"/> Proof of Retirement	<input type="checkbox"/> Child support payments (not used as main verification only for additional income)	
<input type="checkbox"/> Full- time Student verification (Class Schedule and Financial Aid Paperwork)	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Other: Please list type of document:	

SEATTLE PARKS AND RECREATION SITE USE ONLY			
Site:		Site Staff Signature:	Date:
SCHOLARSHIP OFFICE USE ONLY			
Scholarship %:	Pool Scholarship %:	Approved By:	Date:
Notes:			